

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works
MONTHLY ESTIMATE

FOR THE MONTH OF July, 2011

Date: August 1, 2011

CONTRACTOR: ABHE & SVOBODA, INC.

ADDRESS: 91-161 OLAI STREET

City, State ZIP: KAPOLEI, HI 96707

Contract No. 59774 []

DAGS Job No. 12-10-0620

PROJECT TITLE: Aloha Stadium-Replace Metal Roof Deck and Transformers (Sections AA to EE, and A to K)

CONTRACT

Basic Contract Amount \$ 11,221,110.00

CHANGE ORDERS

Total \$ 57,665.00

Adjusted Contract Amount \$ 11,278,775.00

WORK ACCOMPLISHED

Completed to Date 100.00% \$ 11,221,110.00

Retained **REDUCED []** \$ 280,528.00

Amount Subject to Payment \$ 10,940,582.00

Payments to Date \$ 10,617,863.00

Payments Now Due \$ 322,719.00

Payment No. 6

Remarks:

FOR INSPECTION BRANCH USE

[☒] SUBMITTAL REGISTER [☒] COMMENCEMENT REQUIREMENTS

DUE MONTHLY:

[☒] PROJECT SCHEDULE - INITIAL & ONGOING

[☒] DAILY REPORTS

[☒] PAYROLL AFFIDAVITS

MONTHLY ESTIMATE CHECKLIST

[☒] CONTRACT NUMBER

[☒] PROJECT NAME & LOCATION

[☒] ALL SIGNATURES

Change Order

Total

100.00% \$ 57,665.00 \$ 11,278,775.00

\$ 1,443.00 \$ 281,971.00

\$ 56,222.00 \$ 10,996,804.00

\$ 50,456.00 \$ 10,668,319.00

\$ 5,766.00 **\$ 328,485.00**

1. Computed and Checked by:

3. Recommended: [Signature] Project Inspector or Engineer Date: AUG 11 2011

4. Recommended: [Signature] Area Engineer/Architect Date: AUG 11 2011

5. Approved: [Signature] Branch Chief or District Engineer Date: AUG 12 2011

The Public Works Administrator certifies that change orders have been issued and the work performed.

[Signature] State Public Works Administrator Date: AUG 12 2011

2. I certify that the above bill is correct, just, that payment has not been received, and all payroll affidavits have been submitted, are current, or proper deductive exclusions have been made to this request and at least 80% of our workforce resides in Hawaii

ABHE & SVOBODA, INC.

Name of Contractor

By signature / Title:

[Signature] Area Manager

Date

8-1-11

For the Month of: July, 2011

Contract No.: 59774
DAGS Job No.: 12-10-0620

[illegible]

I certify that the above retentions are correct for this request.

Name of Contractor

Date _____

Initial - Project Inspector or Engineer

NOTE:
Columnar totals shall be equal in dollar value to that on the Monthly Estimate Sheet

CHANGE ORDER - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION

STATE OF HAWAII

Department of Accounting and General Services
Division of Public Works

For the Month of: July, 2011

CONTRACTOR: ABHE & SVOBODA, INC.

Contract No.: 59774

PROJECT TITLE: Aloha Stadium-Replace Metal Roof Deck and Transfor

DAGS Job No.: 12-10-0620

CLOSED	PRIME CONTRACTOR	TRADE	LICENSE NO.	CHANGE ORDER AMOUNT	COMPL. TO DATE	% Cmpl	RETN %	CHANGE ORDER AMOUNT RETAINED
	ABHE & SVOBODA, INC.	General Contractor	ABC-23456	\$8,304	\$8,304	100.00%	5%	\$208

[illegible]

CHANGE ORDER CONTRACT - RETAINED FROM PRIME AND SUBS (A+B)	\$1,443
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I certify that the above retentions are correct for this request.

Abhe & Svoboda, Inc.

Name of Contractor

Checked/Verified by:

IRS

Initial - Project Inspector or Engineer

By Signature

Date _____

NOTE:
Columnar totals shall be equal in dollar value to that on
the Monthly Estimate Sheet

STATE OF HAWAII
DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES
DIVISION OF PUBLIC WORKS
Monthly Payment Slip

PAYMENT NO.: 6

PROJECT TITLE: ALOHA STADIUM - REPLACE METAL ROOF DECK &
TRANSFORMERS (SEC AA TO EE, & A TO K)

BILLING MONTH: July-11

DAGS JOB NO.: 1 2-10-0620

CONTRACT NO.: 59774

CONTRACTOR: ABHE & SVOBODA, INC.

VENDOR CODE: 20339100

Original Contract Payment		Suffix: 1			
<u>Suffix</u>	<u>Fund Symbol</u>		<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B10-429M		\$322,719.00	\$0.00	\$322,719.00
Totals:			\$322,719.00		\$322,719.00

Change Order Payment		Suffix: 2			
<u>Suffix</u>	<u>Fund Symbol</u>		<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
02	B10-429M		\$5,766.00	\$0.00	\$5,766.00
Totals:			\$5,766.00		\$5,766.00

Grand Total:	\$328,485.00		\$328,485.00
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AUG 17 2011

Verified By

DATE

(This Section for Administrative Services Office Use Only)

Vendor Code 20339100

Cost Code 3A1

Voucher No.

08145N47

Verified By

pr 8/22/11